

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587,785

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	3		/			
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12	4		/			
13	/		/			
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15	①		/			
16	②		/			
17	③		/			
18	④		/			
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20	⑥		/			
21	⑦		/			
22	⑧		/			
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25	⑪		/			
26	⑫		/			
27	⑬		/			
28	⑭		/			
29	⑮		/			
30	⑯		/			
31	⑰		/			
32	⑱		/			
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49						
50						
TOTAL IND.	5		2			
TOTAL DEP.	17	←	34	←		
TOTAL CLAIMS	43		38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←				
TOTAL CLAIMS						